



1-56
JPW Docket No. 67489-PCT-US/JPW/BJA/MJP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Stephen P. Goff and Guangxia Gao
Serial No. : 10/568,396 Examiner: Liu, Samuel W.
Filed : August 31, 2006 Group Art Unit: 1656
For : ZAP PROTEIN AND RELATED COMPOSITIONS AND METHODS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 8, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

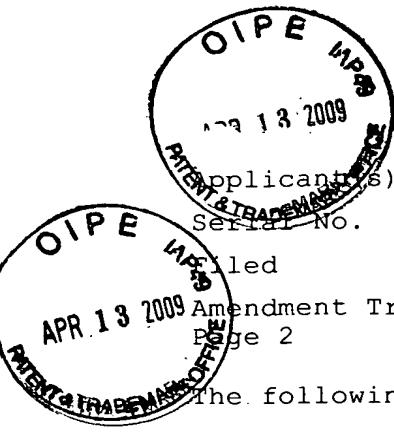
	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	13 -	* 20 =	*** 0 X	\$26	\$52	=	0.00
Independent Claims	1 -	** 3 =	*** 0 X	\$110	\$220	=	0.00
Multiple Dependent Claim(s) Presented For First Time <u>Yes</u> <u>X</u> <u>No</u>				\$195	\$390	=	0.00
				TOTAL ADDITIONAL FEE 0.00 \$			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".



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Amendment Transmittal Letter
Page 2

The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time

Other (identify):

THE TOTAL FEE DUE IS \$ 0.00.

A check in the amount of \$ is enclosed.

Please charge Deposit Account No. in the amount of
\$.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White
Reg. No. 28,678

4/8/09

Date